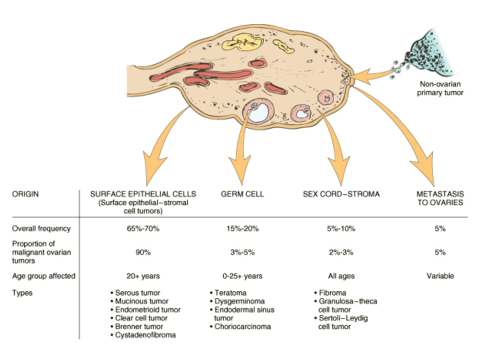
**Ovarian tumors classification**

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| **I.Tumors arising from the surface epithelium:** | **II. Germ cell tumors:** | **III. Sex cord stromal tumors:** |
| 1. Serous tumors: (benign, borderline, malignant 2. Mucinous tumors: (benign, borderline, malignant). | * Dysgerminoma. * Teratoma. * Yolk sac tumor. * Choriocarcinoma. * Embryonal carcinoma. | * **Granulosa cell tumor** (benign or malignant): secretes estrogen, occurs in children causing precocious puberty and in adults causing endometrial hyperplasia. * **Theca cell tumor** (benign, rarely malignant): secretes estrogen, occurs in postmenopausal females. * **Sertoli cell tumor**: secretes estrogen * **Leydig cell tumor**: secretes androgen. * **Ovarian fibroma.** |

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**والأعمار بس تعرف من الصورة كل وحدة وش انواعها. النسب مو مطلوبة بس اهم شي تعرف مين المنتشر اكثر**

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| 1. **Serous tumors: (benign, borderline, malignant**   **Serous cystadenoma**  **Bilateral serous cystadenocarcinoma**  **Ovarian serous cystadenocarcinoma** | * These common cystic neoplasms are lined by tall, columnar, ciliated epithelial cells and are filled with clear serous fluid. * Account for about 30% of all ovarian tumors. * Include; benign, borderline, and malignant types * About 75% are benign or of borderline malignancy, and 25% are malignant.   **Serous cystadenoma :**   * Usually bilateral. * Reach a huge size. * On bisection, it is usually unilocular and filled with clear serous fluid**.** |
| 1. **Mucinous tumors: (benign, borderline, malignant).**   **Mucinous cystadenoma**  **Mucinous cystadenocarcinoma** | * Account for about 25% of all ovarian neoplasms. * They occur principally in middle adult life and are rare before puberty and after menopause. * 80% are benign or borderline, and about 20% are malignant.   **Mucinous cystadenoma:**   * Usually unilateral. * Reach a huge size. * On bisection, it is multilocular and filled with mucinous material. |

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| **Tratomas :**  **1. Mature (benign).** | Most benign teratomas are cystic and are termed *dermoid cysts*.   * These neoplasms are presumably derived from the somatic differentiation of totipotential cells. * Cystic teratomas are usually found in young women. * On histologic examination, the cyst wall is composed of stratified squamous epithelium with underlying sebaceous glands, hair shafts, and other skin adnexal structures. * In most cases, structures from other germ layers can be identified, such as cartilage, bone, thyroid tissue.   *\* Behavior:*  - About 1% of the dermoids undergo malignant transformation.  Dermoid cyst is filled with greasy material (keratin and sebaceous secretions) and shows tufts of hair  A dermoid cyst showing bone (mesodermal derivative) adjacent to keratinized epidermis (ectodermal derivative). |
| **2. Immature (malignant) Teratomas** | * These are rare tumors that differ from benign teratomas in that the component tissue resembles that observed in the fetus or embryo. * The tumor is found chiefly in prepubertal adolescents and young women. * Immature teratomas grow rapidly and frequently penetrate the capsule with local spread or metastases. |
| **3. Monodermal or highly specialized Teratomas** | * The specialized teratomas are a remarkable, rare group of tumors, the most common of which are struma ovarii. * Struma ovarii is composed entirely of mature thyroid tissue. Interestingly, these thyroidal neoplasms may hyperfunction, causing hyperthyroidism. |

**Ovarian Tumors**

1. **Tumors arising from the surface epithelium:**

**A- Serous tumors: (benign, borderline, malignant**

1. **Mucinous tumors: (benign, borderline, malignant).**
2. **Teratoma:**

**Teratomas are divided into three categories:**

**A. Mature (benign).**

**B. Immature (malignant).**

**C. Monodermal or highly specialized**

**Ovarian cyst**

**A. Neoplastic:**

* 1. **Cystic teratoma (dermoid cyst).**
  2. **Cystic serous tumors.**
  3. **Cystic mucinous tumors.**

**B . Non-neoplastic:**

**1. Follicular cysts.**

**2. Corpus luteum cyst.**

**3. Chocolate cysts.**

**4. Theca lutein cysts.**

**5. Polycystic ovary (stein-leventhal syndrome)**

**3-Ovarian cysts -- Non-neoplastic--:**

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| **1. Follicular cysts:** | * Bilateral, single or multiple small cysts due to dilatation of atretic follicles. |
| **2. Corpus luteum cyst:** | * A single large cyst, arising from the corpus luteum of menstruation or pregnancy. |
| **3. Chocolate cysts:** | * Hemorrhagic cysts in case of ovarian endometriosis. |
| **4. Theca lutein cysts:** | * Bilateral, multiple, large cysts lined by lutenized theca cells. * Related to the action of hCG hormone of placenta on atretic follicles, so associated with placental tumors. |
| **5. Polycystic ovary disease (stein-leventhal syndrome):** | * Affects 3% to 6% of women in reproductive period. * Bilateral, multiple small cysts, lined by luteinized theca cells. * They produce estrogen and androgen. * The patients suffer from persistent anovulation (infertility), oligomenorrhea, hirsutism. * The initiating event in polycystic ovarian disease is not clear. * Increased secretion of luteinizing hormone may stimulate the theca-lutein cells of the follicles, with excessive production of androgen. |